MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Allied Health • Medical Transportation

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Contents

Ground Ambulance Mileage Electronic Billing Clarification

Existing policy requires providers to include complete origination and destination addresses when submitting claims for ground ambulance mileage (HCPCS code X0034 or X0216). When billing these services in the Professional ASC X12N 837 v.4010A1 transaction format, the origination and destination may be conveyed one of two ways:

1. As origination and destination information (or other policy requirements) text length may exceed the NTE02 Claim Note byte limitation (Loop 2300), submitters are encouraged to also use the Claim Line NTE02 (Loop 2400) to convey the address information.
2. If the byte limitation of these two segments combined is still insufficient to convey the policy information, submitters are encouraged to use the PWK segment and link a paper or fax attachment to the claim.

The second option requires an Attachment Control Form (ACF), which is used as a coversheet for the supporting paper or fax attachments. The ACF has a pre-printed Attachment Control Number (ACN) that submitters input on their electronic claim submission in the PWK segment.

Providers mailing or faxing attachments for electronic claims must enter the pre-printed ACN on the electronic claim and include the ACF with attachments sent in the mail or by fax. ACF supplies can be ordered by calling the Telephone Service Center (TSC) at 1-800-541-5555.

In the near future, Medi-Cal will implement a third method to convey the origination and destination address information required for ground ambulance mileage billing:

- The origination address may be conveyed in Loop 2310D. If multiple services lines have different procedure modifiers, such as when indicating a multiple leg trip, then the origin location will be in Loop 2420C of the service line used for the previous leg of the trip (that is, the destination of leg #1 is also the origin of leg #2).
- The destination address may be conveyed in Loop 2420C. The location specified in each occurrence of this loop indicates the destination consistent with the procedure modifier in SV101-3.

Companion guides will be updated to reflect this change with this implementation. They will also include examples illustrating the segment-use option. Implementation will be announced in a future *Medi-Cal Update* and on the Medi-Cal Web site.

For additional billing guidance, refer to the *837 Version 4010A1 Health Care Claim Companion Guide* on the Medi-Cal Web site (**www.medi-cal.ca.gov**). If you have further questions, call the TSC at 1-800-541-5555, then select Option 16 followed by Option 11 for Computer Media Claims (CMC). Software vendors and out-of-state billers/submitters who bill for in-state providers should call (916) 636-1200, and then select the appropriate prompt.

Providers Receiving RAD Messages for Over-One-Year Claims

Effective May 1, 2006, providers will no longer receive acknowledgement, approval or denial letters for claims submitted more than 12 months from the month of service and that meet established late submission requirements. Such claims will be noted on a *Remittance Advice Details* (RAD) with a message indicating the status of the claim.

The policy described above applies only to original claims delayed over one year from the month of service due to court decisions, fair hearing decisions, county administrative errors in determining recipient eligibility, reversal of decisions on appealed *Treatment Authorization Requests* (TARs), Medicare/Other Health Coverage delays or other circumstances beyond the provider's control, and were subsequently sent to EDS' Over-One-Year Unit.

This updated information is reflected on manual replacement page hcfa sub 3 (Part 2).

CCS Service Code Groupings Update

Effective for dates of service on or after July 1, 2006, numerous codes have been end-dated within the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02 and 07. These end-dated codes appear in bold with a strike through the entire code.

In addition, retroactive to dates of service on or after July 1, 2004, codes have been added to SCGs 01, 02 and 05. These codes are bold and underlined.

It is important to note that on these manual pages, SCG 02 includes all codes in SCG 01; SCG 03 includes all codes in SCG 01 and SCG 02; and SCG 07 includes all codes in SCG 01, 02 and 03. These same "rules" apply to end-dated codes.

This information is reflected on manual replacement pages cal child ser 1, 5, 6, 11 thru 18 and 21 (Part 2).

Instructions for Manual Replacement Pages — Part 2

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Remove and replace:	cal child ser 1/2, 5/6, 11 thru 18, 21/22 hcfa sub 3/4, 5/6 * hcpcs iii 1/2 *
Remove:	modif app 1 thru 7
Insert:	modif app 1 thru 10 *
Remove and replace:	oth hlth cpt 1/2 *

* Pages updated due to ongoing provider manual revisions.